should state

STA	ATE OF MAI	RYLAND-	CERTIFICATE	OF DEATH
1. PLACE OF DEATH				
County Selly	oc.		(159)	Registration Dist. N
Village or City 1	whol		No.	Noglotration Diat. 1
	1		death occurred in a hospital or institu	
Length of residence in city o	r town where death occurred	yrs / mos	s/_ds. How long in U.S. if	of foreign birth?)
2. FULL NAME	Vilene 10a	cley		
(a) Residence: No			St., Ward.	
PERCONAL		ice of abode)	1	If nonresident give cit
	STATISTICAL PAR			ERTIFICATE OF
3. SEX July 4. COLOR O		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	(Month) 28
 If married, widowed, or divorced HUSBAND of 	7	0	22. J HEREBY	
(or) WIFE of	7	1	". HEREB	Y CERTIFY, Th
6. DATE OF BIRTH (month, day, an	duner 11	1935	I last saw h alive on	., 19, 105
7. AGE Years	Months Days	If LESS than	to have occurred on the date state	ed above, at 60 m
X	DK 17	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	
8. Trade, profession, or partic kind of work done, as SAWYER, BOOKKEEPER 9. Industry or business in who work was done, as SILK SAW MILL, BANK, etc	SPINNER,	l ormin.	were as follows: One of troins - fr	remative cevego
9. Industry or business in wh work was done, as SILK SAW MILL, BANK, etc.	ich MILL,		Musiu	trow
SAW MILL, BANK, etc ID. Date deceased last worked		l time (verse)		
this occupation (month a	and s	I time (years) pent in this ccupation		
12. BIRTHPLACE (city or town) (State or country)	Oxford 20		Other Contributory Causes of imp	ortance:
13. NAME 14. BIRTHPLACE (city or town)	Ston Bale	1	Coverty a sympromee	Ed lock of con
14. BIRTHPLACE (city or town)	0 15	Te .	Name of operation	
(State or country)	Fallor	G0	What test confirmed diagnosis?	
15. MAIOEN NAME	estuce or	unes	23. If death was due to external car	uses (VIOLENCE) fill in also
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	0 10		Accident, suicide, or homicide?	Date of
∑ (State or country)	valor (20	Where did injury occur?	
17. INFORMANT (Address)	Store Barles	2 22	Specify whether injury occurred i	(Specify city or town, on INDUSTRY, in HOME, or I
18. BURIAL, CREMATION, OR REMC	DVAL AND	1	Manner of injury	
Place Man Off	Date	w 29, 1935	Nature of injury	
19. UNDER THE (Address)	low Barley	D	24. Was disease or injury in any w	ray related to occupation of
(nudiess)	I NO 10	12	If so, specify	Ma Ross K
20. FILED 20. 19 3	is merio	Creal Registrar.	(Signed) (Address)	1 Tiesado

	(159) Pagistration Diet No. 294
nd	Registration Dist. No. St., Ward No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
n where death occurred yrs. / mo	ds. How long in U.S. if of foreign birth?yrsmosds.
leve Tobley	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
\	22. J HEREBY CERTIFY, That I attended deceased from
1) Jan 17 1935	1 1 1 1 1 1 1 1 1 1
Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
NER, 7	One of tions - prenature cugg
i, none	haution July 30
11. Total time (years) spent in this	(<i>f</i>
occupation	Other Contributory Causes of importance:
on Parles	- Coverty a sympromee 3d lack of core.
Fallor 60	Name of operation
Trees Skumer	What test confirmed diagnosis?
Jalbor 60	Accident, suicide, or homicide? Date of injury, 19
too Barley En	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Date Jan 29", 1935	Manner of injury
Barley 5	24. Was disease or injury in any way related to occupation of deceased?
China July	If so, specify
Inestators Registrar.	(Signed) (Address) (Addres

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		HECEINED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH	
County /allot	Registration Dist. No. 29/
OK- A	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) S. Ads. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Aurie a. Beuse (a) Residence: No. D. Michaela (Usual place of abode)	Ast., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wildow	21. DATE OF DEATH (Month) (Day) (Year)
6a. If married, widowed, or divorced HUSBANO of (or) WIFE of S. alex and Dense	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 19 1850	Plast saw h. er alive on face of 1935; death is sale
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on tha date stated abova, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, Howard SAWYER, BOOKKEEPER, etc. 9/Industry or business in which	Chronie Nephretio ?
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and four 1931 spent in this occupation (coupation coupation c	
12. BIRTHPLACE (city or town) Talkot County	Other Contributory Causes of importance:
(Stata or country)	D'Enilely
13. NAME War Harrison 14. BIRTHPLACE (city or town) Tallot Co	1
(State of country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mary ann Hamfatore 16. BIRTHPLACE (city or town) Mary land (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide? 19
17. INFORMANT Eugene D. Bereson (Address) Berlin, Med	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Michaels Date Jan 3 , 19 3 A	Manner of Injury
19. UNDERTAKER Newnam + African (Address) Withhell mit	24. Was diseasa or Injury In any way related to occupation of decaased?
20. FILED Jan 2 , 1935 John Hurrales Focal Registrar.	(Signed) St. Michaello, M. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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TION is very important. See instructions on back of certificate.

should state

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	00
FATH		(92-2)			

1. PLACE OF DEATH	
County Faller	Registration Dist. No. 245/
Village or City	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsds.
1 1 1	syrsmosas.
2. FULL NAME John / Munglow Colle	gulaws
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mule OR DIVORCED (write the word)	au, 1930
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor WIFE of Sala Contraw.	22. I HEREBY CERTIFY, That I attended deceased from
2 4 (0 .0.12	- 10 1935, to fam 1) , 1930
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on
09 10 ac 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
oiinin.	were as follows: Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER, Auterman SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sylndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Celebral Hemorphose Millows
SAW MILL, BANK, etc.	
	V. C.
year) occupation 40	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Street Co. (State or country)	A to the second of the second
	Urlens-oclerand (1)
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
= 22	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
al a bott aliani	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in introduct, in nome, or introduct reads.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Option he Date Place 19, 1935	Nature of injury
19. UNDERTAKER MANSINE Enerthy 734	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED JUL 18 1920 - Mylators	(Signed) M. D.
20. FILED Registrar.	(Address)
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 24.11 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Example II	
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Chronic interstitial nephritis 8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance by	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1971			

pluods

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. 29 If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH REBY CERTIFY. That I attended deceased from What test confirmed diagnosis?_____ Was there en eutopsy?____ (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

IARGIN

S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10895
1. PLACE OF DEATH	
County Jaloot Co	Registration Dist. No. 793
Village or City w Lewistowe	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds. Hereign birth?yrsmosds.
(a) Residence: No. M. Lewistowa	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR BIVORCED (write the word) 5e. If married, widowed, or divorced	21. DATE OF DEATH Jan. 29 (Youth) (Dey) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Buston Sawel Sawel Sawel Buston Sawel Sawel Buston Sawel Buston Sawel Sawel Buston Sawel Sawel Buston Sawel Sawel Sawel Buston Sawel Sawel Buston Sawel Sawel Sawel Buston Sawel Sawel Sawel Buston Buston Sawel Buston Busto	I last saw h elive on 19 19 19 19 19 19 19 19 19 19 19 19 19
year) occupation occupation 12. BIRTHPLACE (city or town) Williston (Caroline Co.) (State or country) Maryland	Dither Contributory Causes of importance: Serile decreette 4 ms
14. BIRTHPLACE (city or town). Caroline Eo. (Stele or country) Waryland	Name of operation None Dete of Dete of What test confirmed diagnosis? Listory Was there en europsy? No
15. MAIDEN NAME Wary Eaglius 16. BIRTHPLACE (city or town) Geraluel Cs. (Stete or country) Maryland 17. INFORMANT Ms. Quill Ferguson (Address)	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PIECE Transpers Kow. Date Jan 31 , 19 34	Manner of Injury
19. UNDERTAKER Maurice E. Newman & Sort (Address) Easton - W.S. 20. FILED 1/30 - 1935 1 & L. Gardner	24. Was disease or injury In any wey related to occupation of deceesed? If so, specify (Signed) If Registrat
Registrar. If more blanks are needed, address State Registrar.	Apolitess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE CENTER			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			M STE

ADDITIONAL SPACE FOR FU	URTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County ALBOT.	Registration Dist. No. 291
Village or City ST. MICHAELS	No. St Ward
Length of residence in city or town where death occurred 73 vrs vrs	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME BRADFORD WIN FIELD.	HARRISON
O- Minited C MA	COLLEGE COLLEG
(a) Residence: No. S. J. JYILCHAELS IVID. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
IVI WHITE MARRIED.	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. O I HEREBY CERTIFY. That I attended deceased from
(OF) WIFE OF CLEMMA CARTER HARRISON	xue 6 1933, to Jan 29 1935
6. DATE OF BIRTH (month, day, and year) JANUARY-28-1862	last saw hall alive on faul 129, 1935; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 8m.
ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, WATERMAN.	0
	Caremona of
Holustry or business in which work was done, as SILK MILL, SeaFoob.	Mostate 4 Hadde
	June 4 dans
year au - 1927 - Offer, occupation - FE	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) ST. 9VIICHAELS. NID.	
(State or country) TALBOT. COUNTY.	
E CT Michael Ma	
4. BIRTHPLACE (city or town) ST. WICHAELS. M.D. (State or country) TALBOT COONTY.	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME MARGARET, A. BLADES. 16. BIRTHPLACE (city or town) ST. MICHAELS, MD.	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?0ate of injury19
(State or country) TALBOT COUNTY,	Where did Injury occur?
17 INFORMANT HOWARD. F. HARRISON.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) ST. MICHAELS. Mp.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place St. Michaels Date Viet lat 1935'	Nature of injury
19. UNDERTAKER / lwnam & Warrison	24. Was disease or Injury in any way related to occupation of deceased?
(Address) (St. Michaels Md.	If so, specify
20. FILED Jan 36 , 1932 The Stubble Registrar.	(Address) SX Muchael Ma
The man black of the Registrat.	(voilless)

If more blanks are needed, address State Kegistrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ES LUISEAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of infor-	should state	of OCCUPA-	
I R. RD. Every	Y. PHYSICIANS	Exact statement	\
IS A PERMANENT	stated EXACTL	properly classified.	ertificate.
-WRITE PLACIY, WITH UNFADING INK-THIS IS A PERMANENT RICER, RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
-WRITE PLA	mation should	CAUSE OF D	TION is very

STATE OF	MARYLAND-CERTIFICATE OF DEA	TH
DEATH	92.0	

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00897
1	PLACE OF DEATH	920
	County albay	Registration Dist. No. 293.
	Village or City Longwards	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		death occurred in a nospital or institution, give its IVAIVIE instead or street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2	FULL NAME Jouise James -	
	(a) Residence: No.	St., Ward.
-	(Usual place of abode)	If nonresident give city or town and State
- 0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, S	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)	21. DATE OF DEATH Autury 29th (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
	(or) WIFE of Educato Jones	10 20 19 35 to Jan 27 19 35
6. I	DATE OF BIRTH (month, day, end year) Uniterior	I lest saw h 23 alive on full 20 ,1935; death is said
7. /		to have occurred on the date stated bove, at 2 _ m.
	3 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
N	8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	Celle Gashilis
OCCUPATION	9. Industry or business in which	Mildelin of Storagell
SUP	work was done, as SILK MILL, SAW MILL, BANK, etc	
000	10. Date deceased last worked at this occupation (month and year)	
12	BIRTHPLACE (city or town)	Dther Coutributory Causes of Importance:
12.	(State or country)	Walra re- Turn Colon,
ER	13. NAME way Rebusser	
FATHER	14. BIRTHPLACE (city or town)	Name of operation Date of
-	(State or country)	What test confirmed diegnosis? Was there en au'opsy?
HER	15. MAIDEN NAME I / Millia Michersan	23. If death was due to external causes (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
-	(State or country)	Where did injury occur? (Specify city or town, county end State)
17.	INFORMANT (Address) Laus mondo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, DR REMOVAL	Manner of Injury
	Place Stevensville Date MW31, 1935	Nature of Injury
	UNDERTAKER F. G. Shomap	24. Wes disease or injury in any way related to occupation of deceased?
19.	(Address) Slevensville mil	If so, specify
20.	FILED GUI 30, 1935 J. L. Gardier	(Signed) Sauruel / Could M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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e II	Example II		Example I
nd related causes Date of onset	The principal cause of death and r of importance were as follows:	Date of onset	principal cause of death and related causes mportance were as follows:
1 week ago	Attack of epilepsy	1915	riosclerosis
1 week ago	Run over by street car	1921	nic interstitial nephritis
3 days ago	Peritonitis	July 5,1927	bral hemorrhage
nportance:	Other contributory causes of impor	May 1.1923	er contributory causes of importance:
	Gastroenteritis	May 1,1923	stones

1. PLACE OF DEATH	2.31
County Talkat	Registration Dist. No. 291
Village or City Clauboune	NoSt.,W
Length of residence in city or town where death occurred.	(If death occurred in a hospital or institution, give its NAME instead of street and number) ———————————————————————————————————
	Jones
ZI POLL MAINE MAINE	
(a) Residence: No. Claubottle (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
Lewale White 5. SINGLE, MARRIED, WID Remale White withoute	
If married, widowed, or divorced	
(or) WIFE of Clearles H. M. Jones	1 HEREBY CERTIFY, That I attended decessed to the state of the state o
	Mast saw h alive on flower alive on 1924; death is
1 deu	SS than to have occurred on the date stated above, at &m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
78 0 26 01	min. were as follows: Date of or
8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Inclusion at alle 10
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, Accustive fees SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end for the spent in this spent in this	all and
year)occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) W. Whileslove	Euro Cachera 22
13. NAME Martin Self 14. BIRTHPLACE (city or town) 15. Kichurs	
13. NAME Marlin Self	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country) Virginia	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Juckham	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Richmonds C	Where did injury occur?
INFORMANT Mes. John W. Jump	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Caiborne	
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece ST M Market Date fan 3/	, 1933. Nature of Injury.
9. UNDERTAKER Newware + Harriso (Address) It Michaels	24. Was disease or injury in any way related to occupation of deceased?
O. FILED Jan 30, 1935 John Howwoles	(Signed) Social Assistant (Address)
	e Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	or importance were as rollows.	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
y5,1927	Peritonitis	3 days ago
u 1.1923	Other contributory causes of importance:	1 year
1	921	921 Run over by street car Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

00899

1. PLACE OF	DEATH	11-	82:0	9.90
County	Jac	voi	10 10	tion Dist. No. 290
Village or C	ity Case	ou all	death occurred in a horpital or institution, give its N	AME instead of street and number)
Length of resi	dence in city or town where	death occurred 27 yrs,mos.	ds. How long in U.S. if of foreign birth	?mos ds.
2. FULL NAI	ME Rober	I Carter o	tambert	
(a) Residen	ce: No	(Usual place of abode)	St., Ward.	ident give city or town and State
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICA	
SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	<i>_</i>
male	White	OR DIVORCED (write the word)	January -	(Day) (Year)
a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced	La Cost	22. O I HEREBY CERT	IFY. That I attended deased from
	xuu suu	eg canwer	20 dl 1934, to	1939
	(month, day, and year)	1 2 1 141500 11	I last saw h live elive on	4 - 4, 1930 ; death is said
. AGE Yea		Days If LESS than I dey,hrs.	to have occurred on the date stated above, at _ & The PRINCIPAL CAUSE OF DEATH end related	I causes of importance,
801		ormin.	were as follows:	Pate of onsei
8. Trede, profes	ssion, or perticular work done, as SPINNER,	Ketised	To erebrat him	manage sec21
SAWYER OF	, BOOKKEEPER, etcbusiness In which	100		
work wa	s done, es SILK MILL, LL, BANK, etc.	Merchant		
10. Bate deceas	ed last worked at pation (month and	II. Total time (years) spent in this occupation		
	tvortown Cecil		Other Contributor Causes of importance	DE 111 103
2. BIRTHPLACE (ci	., ., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Co. Max.	aribres occo	194
1	T.d.	Poller		
	Tanus.	Cat	N	Date of
14. BIRTHPLACE	E (city or town)	The dist	Name of operation What test confirmed diegnosis?	
	011.	But adam		
15. MAIDEN NA	D.C.	IP Tail	23. If death was due to external causes (VIOLEN	
	E (city or town)	co. rua.	Accident, suicide, or homicide?	Date of injury, 19
(State of	r country)	A 2		city or town, county and State)
17. INFORMANT	Washing	glow Varey	Specify whether injury occurred in INDUSTRY,	III NOWE, OF IN PUBLIC PLACE.
(Address)	TION, OR REMOVAL	m, ma,	Menner of Injury	
Place	store	Date 1/8 ,1938	- Nature of injury	
	70.	10.00	24. Wes disease or injury In any way related to	occupation of deceased?
19. UNDERTAKER (Address)	ames	to some	If so, specify	A CT
(Address)	- ws		(Signed) XVIIIeaucy X) Sumeous M.
20. FILED	7, 19-35	Registrar.	(Address)	time med.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

N. B.-WRITE PLA

mation should be carefully supplied.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis *	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

. .3 .

BINDING

ARGIN RESERVED

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—CERTIFICATE OF DEA

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1. PLACE OF DEATH		(52)		
County all all of		<u> </u>	Registration Dist	. No. 296
Village or City Kryal a	Pak	NoNodeath occurred in a horpital or institut	tion give its NAME inc	St., Ward
Length of residence in city or town where	death occurred 79 yrs 2 mos		f foreign birth?	_yrsds.
2. FULL NAME James, (a) Residence: No.	C. Meyers ryal Cold mid (Usual place of abode)	∽ St., Ward.	16	city or town and State
PERSONAL AND STATIST		MEDICAL CI	ERTIFICATE O	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
male coloud	OR DIVORCED (write the word)	Juny	(Month)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethelands	meyers			That I ettended deceased from
7. AGE Years Months 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) Month and year) 12. BIRTHPLACE (city or town) Malloo (State or country)	Days, If LESS than 1 day, hrs. or min. 11. Total time (years) spent in this occupation occupation.	I last saw h alive on to have occurred on the date state. The PRINCIPAL CAUSE OF DEAT were as follows: Other Coutributory Causes of important of the coutributory of the coutributory causes of important of	d above, at	m,
13. NAME YEOGE ME 14. BIRTHPLACE (city or town) Vall (Stata or country)	bot Co	Name of operation Knows What test confirmed diagnosis?	of his can	Date of
15. MAIDEN NAME And Vale 16. BIRTHPLACE (city or town) Vale (Stata or country) 17. INFORMANT Anne R. (Address) Anne R.	Marner mot Co me meyer Meyer	23. If death was due to external cau Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in	ses (VIOLENCE) fill in Date (Specify city or town	of injury
18. BURIAL, CREMATION, OR REMOVAL Place Dyal Coak	Date Jan 28, 19 31	Manner of injury		
19. UNDERTAKER Plunam = (Address)	t Hausen hale me	24. Was disease or injury in any wall if so, specify (Signed)	ay related to occupation	of deceased?
20. FILED Jan & D., 1932 /11	Ireal Registrar.	(Address)	oyal cal	- me

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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V. S. No. 1

Village or City	STATE OF MARTLAND	CERTIFICATE OF DEATH
Village or City Country Country Country City Country City	1. PLACE OF DEATH	77
Length of easidence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAMEUAL AND STATISTICAL PARTICULARS 3. EXX 4. COLOR OR RACE 5. DREAD BIXTIL (month, day, and year) 6. DATE OF BIXTIL (month, day, and year) 7. AGE Years Month 1 day 1 da		Registration Dist. No. 270
(a) Residence: NO. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OF DEATH S. LI DATE OF DEATH (Mopt)		death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVOKED OR DIVO	1.1=11	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ON WILLIAMS 5. If married, widowed-per divorced MUSRAND of WINTER OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH 22. DATE OF DEATH 23. LET REBY CERTIFY, That I altended deceased from (to) will of winter the world (to) to the data stated above, at 1 full place as 1 full	2. FULL NAMEWellantranklindea	L
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	(a) Residence: No.	
3. SEX L. 4. COLOR OF RACE Willed Will married, widowed-or divorced WILL MARKED AGE FOR BIRTH (month, day, and year) Days If LESS than Trade, profession, or particular SAWYER, BOOKEEPER, etc. SAWYER, BOOKEEPER,		
OR DIVORCED ("mire the word) So. If married, widowed-or divorced (Day) (1936) So. If married, widowed-or divorced (Word) So. If married, widowed-or death as alled solve, at the first of the course of importance (Word) Word of work done, as SILK WILL. So. Will, BANK, etc. So. Index or country) So. If married, widowed-or death as alled solve, at the first of the course of importance (Word) Word of work done, as SILK WILL. So. Will, BANK, etc. So. Index or country Other Coatributory Causes of importance: Word test country) Word of work done, as SILK WILL. So. Index or country Other Coatributory Causes of importance: Word of work done, as SILK WILL. So. Index or country Word of work done, as SILK WILL. So. Index or country Other Coatributory Causes of importance: Word test was doed to external causes (VIOLENCE) fill in also the following: Accident, sudde, or homicide? Word of work done, as SILK WILL. Was these country on the data stafed showe, at the first of injury National Course of importance of import		
HUSBAND of Cornile Of	OR DIVORCED (write the word)	January 0 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hr., ormin. S. Trade, profession, or particular kind of work done, as SPINNER, Tarmer SAWER, BOOK REFER, etc. 11. Total time (years) 60 year) 12. BIRTHPLACE (city or town) 13. NAME (Williams Manuel Mark) 14. BIRTHPLACE (city or town) 15. Malden NAME Class of town (State or country) 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL PIROCREASE MARK PIROCREASE MARK (Address) Name of operation Name of injury Nature of injury in any way related to occupation of deceased? M. D. Was disease or injury in any way related to occupation of deceased? M. D. Was disease or injury in any way related to occupation of deceased? M. D. Was disease or injury in any way related to occupation of deceased? M. D. Cliders) 20. FILED. 9. 19. 3.3. At National M. D. Register. M. D. Colored States or Country M. D. (Address) M. D. (Addr	5a. If married, widowed, or divorced HUSBAND of	22 I HERERY CERTIEN That I attended deceased from
5. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days 1 If LESS than 1 day,	(or) WIFE of Service Comments of the	21.
7. AGE Years Months Days If LESS than 1 day	6 DATE OF RIRTH (month day and year) Days 3 1860	
Trade, profession, or particular kind of work doma, as SPINNER, Passage SANYER, BOOKKEPPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SANYER, etc. 10. Data deceased last worked at Cooty the soccupation of the soccupation of the soccupation of deceased as worked at Cooty this occupation of deceased in this occupation. 12. BIRTHPLACE (city or town) Fall of Co. (State or country) 13. NAME William of the soccupation of the soccupation of deceased? 14. BIRTHPLACE (city or town) Fall of Co. (State or country) 15. MAIDEN NAME Signal of the soccupation of deceased? 16. BIRTHPLACE (city or town) Fall of Co. (State or country) 17. INFORMANT William Signal of Co. (State or country) 18. BURNAL CREMATION, OR REMOVAL Placed Party Fall Canada Signal of Co. (State or country) 19. UNDERTAKER Was disease or injury in any way related to occupation of deceased? 19. A Was disease or injury. 19. Where of injury. 24. Was disease or injury in any way related to occupation of deceased? 18. OFFILED - 9 , 19. 3 7 N. H. Narion (Signed) A Ellipsia D Sergious M. D. (Registrar.)	A	to have occurred on the data stated above, at 4000m.
Trade, potession, or particular as SPINNER formular as SPINNER for		were so follows:
Rind of work done, as STINNER. 9. Industry or business in which work was done, as STINNER. 10. Data deceased last worked at Coot 11. Total time (years) 60 y occupation (month and year) 12. BIRTHPLACE (city or town)	Trade profession or particular	Contract Solver see and the solver
12. BIRTHPLACE (city or town) Fall of Co. (State or country) 13. NAME William of Co. (State or country) 14. BIRTHPLACE (city or town) Fall of Co. (State or country) 15. MAIDEN NAME Elya Guilliam of Co. (State or country) 16. BIRTHPLACE (city or town) Fall of Co. (State or country) 17. INFORMANT William Hoal (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Company of the Company of	SAWYER, BOOKKEEPER, etc.	Nysteusion 1
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12. BIRTHPLACE (city or town) Fall of Co. (State or country) 13. NAME William of Co. (State or country) 14. BIRTHPLACE (city or town) Fall of Co. (State or country) What test confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Date of Injury. 15. MAIDEN NAME Clip or town Call of Co. (State or country) What test confirmed diagnosis? Accident, suicide, or homicide? Date of Injury. 19. Where did Injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. 19. UNDERTAKER Western Causes of importanca: What test confirmed diagnosis? Was there an aulopsy? 20. FILED. Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. 19. Was disease or injury in any way related to occupation of deceased? M. D. Regittrat. (Address) M. D.		
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13. NAME (Williams ## Co Name of operation Date of 14. BIRTHPLACE (city or town)		
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

N. B.-WRITE PI

should state

0	1)	1)	15	10
U	U	ij	U	6

1. PLACE OF DEATH	(77)
County Talland	Registration Dist. No. 242
Village or City Graph	NoSt,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Longin of residence in city of town where death occurred yis.	
2. FULL NAME Clanes Ostelle Ording	taw
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If conresident give city or town and State MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE S, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Jan 17 - 193 S
ia. If married, widowed/or divorced	(Month) (Oay) (Year)
HUSBANO of John a Slaughter	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year)	I last saw h M alive on 1930 death is said
AGE Years Months Days LESS than	to have occurred on the date stated above, at
44 1 24 1 dáy,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Joelles Mus 9-3.1
9. Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc.	Encephalities lethougesal, or sleeping
10. Oata deceased last worked at this occupation (month and spent in this	Siekrass " C.
year) occupation occupation	Other Coatribatory Caases of importance:
12. BIRTHPLACE (city or town)	
(Stata or country)	Quellelles juilt35
13. NAME Durklin Charys, 194ker	
14. BIRTHPLACE (city or town) Leave duffes	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Catherine, Rust	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Jallot G. M.	Accident, suicida, or homicide? Oate of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Du adagantie	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	***************************************
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Osslow my Oate aw 14-, 1935	Natura of Injury
19. UNDERTAKER Murrie & helphan Ton	24. Was disease or injury in any way related to occupation of decaased?
20. FILED Au 17-1935 Jarelloton	(Signed) M. O.
The many blank its model allow State Projects	(Address)
aj more blanks are neeuea, augress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

County	Registration Dist. No. 270
Village or City Near Zaslou Length of residence in city or town where death occurred yrs	NoSt., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) nosds How long in U.S. if of foreign birth?yrsmosds.
	Tilghouse St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lew Fray Pilan	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BERTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day,h ormin.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9 Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this occupation (munt) and year) 12. BIRTHPLACE (city or town) Catalandary, Mad. (State or country)	Other Contributory Causes of importance:
13. NAME Scalvanners of Tilehome	
14. BIRTHPLACE (City or town) Sallahung, md. (Stete or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsyle a
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Carrowally 19. UNDERTAKER (Address) 19. UNDERTAKER (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Accident Date of injury /// 3 49 Where dld injury occur? Auto accident Mean Myz Mills Jelko (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Auto California Bluesa Tel. Jole X Aleese

V. S. No. 1 N. B.—WRITE PL.

RE RD. Every item of infor-Y. PHYSICIANS should state Exact statement of OCCUPA.

EXACTLY.

properly classified.

WITH UNFADING INK-THIS IS A PERMANENT RE

AGE should be stated

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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DESPEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
\\			

FATHER

MOTHER

13. NAME

19. UNOERTAKER

20. FILED.

(Address)

15. MAIDEN NAME

14. BIRTHPLACE (city or town). (Stata or country)

16. BIRTHPLACE (city or town)
(State or country)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

1935

A te	STATE OF MARYLAND—	CERTIFICATE OF DE
state	1. PLACE OF DEATH	
CER &	Village or City Out Out	Registration Registration
D. Every item SICIANS shot tatement of 0	THE CITY OF THE CI	ds. How long in U.S. if of foreign birth?
RD. YSIC	(a) Residence: No	St., Ward.
COR.	(Usual place of abode)	If nonresid
RECCE Fract	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA
GENT FLY d. 1	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of HUSBANO OF WIFE OF	21. DATE OF DEATH (Month) 22. I HEREBY CERTI
IN RESERVED FOR BINDIN ADING INK—THIS IS A PERMANI d. AGE should be stated EXACT, so that it may be properly classificattions on back of certificate.	6. DATE OF BIRTH (month, day, and year) fau / 1837 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 2 spent in this occupation.	i lest saw h
H H H	(State or country)	

Registrar.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 2.

No.	St Ward
th occurred in a hospital or institution, give its NAME instead	d of street and number)
ds. How long in U.S. if of foreign birth?	
St., Ward.	
If nonresident give cit	y or town and State
MEDICAL CERTIFICATE OF	DEATH
L DATE OF DEATH	
band 77	5-
(Month) (I	Day) (Year)

	at I ettended decaased from
atulenste or 38 years	19
lest saw h_W aliva on	19.34 : daath is said
o have occurred on the date stated above, at 1000 m	
he PRINCIPAL CAUSE OF DEATH and related causes of im	I.
vere as follows:	Oate of onset

01	
Suffrancles place:	he was re-
	TOC COME THE
puted to be 98 years alone	
Osterio ocherana Care	
Other Contributory Causes of Importance:	

lame of operation	Date of
Vhat test confirmed diagnosis?	Was thara an autopsy?
. If death was dua to external causes (VIOLENCE) fill in also	
accident, suicide, or homicide? Date of	
	injury, 19
Vhera did Injury occur?	county and State)
pecify whether injury occurred in INOUSTRY, In HOME, or	in PUBLIC PLACE.
fanner of injury	
latina of latina.	
latura of injury	6
. Was diseasa or Injury in any way related to occupation of	daceased? Us
f so, specify	
(Signed)	M. D.
	Zuto.
(Address)	

V. S. No. 1

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(GCP)
County Vallof County	Registration Dist. No. 29/
Village or City Meanitt	No. St., Ward
Length of residence In city or town where death occurred 3 4 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2 FILL NAME Sample a Waishtson	
(a) Residence: No. Pravilt land	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
wichow	(Month) (Day) (Yeer)
45a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
John V. Volughtaow	Zept 15 1934 to face 2 1930
6. DATE OF BIRTH (month, day, and year) Watch 3, 1847	Hast saw her alive on fleeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to liave occurred on the date stated above, at
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. House work SAWYER, BOOKKEEPER, etc.	Corded - Ruel Dianose 2760,
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9/Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	come possession in the second of the second
SAW MILL, BANK, etc.	
this occupation (month and 10 3 4 spent in this occupation (month and 10 3 4 spent in this occupation occupation	
7.00mg 8x	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Wareford (State or country)	
13. NAME William Mc Quay	
13. NAME Welliam M. Quay 14. BIRTHPLACE (city or town). Tallot Co	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME arianna Ardonice	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Chianna Ardgeway 16. BIRTHPLACE (city or town). Tollor (State or country)	Accident, suicide, or homicide
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John J. Wrighlavn	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18, BURIAL, CREMATION, OR REMOVAL	Name of the same
Place Aft. michaels Md. Date Jan 4 19 35.	Neture of injury
Manyaga & Ottagaigne	24. Was disease or injury in any way related to occupation of deceased? Www
19. UNDERTAKER PERSONAL MICHAELE M.	If so, specify
20, FILED Lane 3 1974 John Hwwalis	(Signed) Loring It Sette M. D.
20. FILED fless D., 1977 John Award Registrar.	(Address)

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Cerebral hemarrhage	July 5,1927	Peritanitis	3 days ago
SAMBLAIL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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